
POLICY QM 2.5 REPORTS OF INCIDENTS, ACCIDENTS, AND DEATHS

- A. PURPOSE: To establish requirements for reporting incidents, accidents, and deaths of all enrolled persons.
- B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs) and the Arizona State Hospital. T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.
- C. POLICY: T/RBHAs and the Arizona State Hospital shall ensure the timely and accurate reporting of incidents, accidents and deaths involving enrolled persons to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), the Office of Human Rights and the applicable Human Rights Committee.
- D. REFERENCES: A.A.C. R9-20-203
9 A.A.C. 21
AHCCCS/ADHS Contract
ADHS/T/RBHA Contract
- E. DEFINITIONS:
1. ADHS Office of Human Rights

The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.
 2. Enrolled Person

A Title XIX, Title XXI or Non-Title XIX/XXI eligible person recorded in the ADHS Information System as specified by the ADHS.
 3. Incident or Accident

Include the following:
 - a. Deaths;
 - b. Suicide attempts requiring medical intervention;

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- c. Self abuse requiring medical intervention;
- d. Physical abuse and allegations of physical abuse;
- e. Sexual abuse and allegations of sexual abuse;
- f. Physical injuries received in a treatment setting resulting in emergency room treatment or hospitalization;
- g. Errors in administering medications requiring emergency intervention;
- h. Adverse medication reactions resulting in medical intervention;
- i. Inpatient hospitalized persons and persons in a residential treatment setting who have not been accounted for when expected to be present or are absent without leave (AWOL);
- j. Accidents occurring in the treatment facility or off-site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drowning that require resuscitation;
- k. Physical plant disasters, such as major fire, within the agency when clients were present or which affect areas in which care is provided; and
- l. Incidents or allegations of violations of the rights contained in A.A.C. R9-20-203 for all enrolled persons and in 9 A.A.C. 21, Article 2 for persons enrolled as seriously mentally ill.

4. Human Rights Committees

Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness and enrolled children are protected.

5. Special Assistance

Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP) or the Inpatient Treatment and Discharge Plan (ITDP) process, the appeal process or the grievance or request for investigation process.

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F. PROCEDURE

1. T/RBHAs and the Arizona State Hospital shall submit copies of incident and accident reports as follows:
 - a. Incident and accident reports concerning all enrolled persons shall have information removed that personally identifies the enrolled person and the redacted report shall then be submitted to the appropriate Human Rights Committee.
 - b. Reports of incidents, accidents and deaths concerning enrolled persons with a serious mental illness who have been determined to need special assistance shall be submitted to the ADHS Office of Human Rights.
 - c. Reports concerning incidents or allegations of physical or sexual abuse of enrolled persons with a serious mental illness and reports of deaths concerning enrolled children and persons with a serious mental illness shall be provided to the ADHS/DBHS, Office of Grievance and Appeals.
 - d. T/RBHAs shall notify the ADHS/DBHS Bureau of Quality Management and provide periodic status reports regarding significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons. T/RBHAs must inform the ADHS/DBHS Bureau of Quality Management within one working day of its knowledge of significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons and provide a summary of findings and corrective actions required, if any, following investigation of the incident/accident.
2. T/RBHAs shall ensure that subcontracted providers follow procedures for reporting incidents, accidents and deaths, including the use of the Incident/Accident/Death Reporting Form, as set forth in the ADHS/DBHS Provider Manual, Section 7.4, Reporting of Incidents, Accidents and Deaths.
3. Upon receipt of an Incident/Accident/Death Report, the T/RBHA and the Arizona State Hospital shall:
 - a. Take whatever action is necessary to ensure the safety of the enrolled persons involved in the incident.
 - b. Ensure that the information required on the report is completed as required and is legible. If the report is returned to the T/RBHA subcontracted provider for additions or legibility problems, the subcontracted provider shall return the corrected version of the report to the T/RBHA within 24 hours of receipt.

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- c. Forward reports concerning incidents or allegations of physical or sexual abuse or deaths of persons enrolled as seriously mentally ill to the ADHS Office of Grievance and Appeals as soon as possible, but no later than three working days after its receipt.
- d. Redact any information contained in the report regarding:
 - (1) The enrolled person's receipt of a referral, diagnosis, or treatment from an alcohol or drug abuse program, or
 - (2) Information concerning whether a person has had an HIV-related test or has an HIV infection, HIV related illness or acquired immune deficiency syndrome.
- e. Submit copies of the report as soon as possible but no later than three working days after its receipt to:
 - (1) The ADHS/DBHS Office of Human Rights for reports concerning persons enrolled as seriously mentally ill who have been determined to need special assistance. These reports should not be redacted unless required in F. 4. of this policy.
 - (2) The appropriate regional Human Rights Committee for reports concerning all enrolled persons. The Arizona State Hospital or T/RBHA shall redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.

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4. The T/RBHA shall distribute incident reports according to the following table:

T/RBHA Distribution of Incident/Accident/Death Reports

Type of Report	Agency/Organization	Redact Personally Identifying Information?	Redact Information re: Substance Abuse and AIDS?
Incidents/accidents concerning persons with a serious mental illness who have been determined to be in need of special assistance	ADHS Office of Human Rights	NO	YES
Incidents/accidents and deaths concerning all enrolled persons	Appropriate Regional Human Rights Committee	YES	YES
Reports of allegations of physical abuse and/or sexual abuse concerning persons determined to have a serious mental illness	ADHS/DBHS Office of Grievance and Appeals	NO	NO
Reports of deaths concerning enrolled children and persons determined to have a serious mental illness	ADHS/DBHS Office of Grievance and Appeals	NO	NO
Significant incidents/accidents involving Title XIX and Title XXI eligible and enrolled persons	ADHS/DBHS Bureau of Quality Management	NO	YES

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G. APPROVED BY:

Leslie Schwalbe Deputy Director Arizona Department of Health Services Division of Behavioral Health Services	Date
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Jerry Dennis, M.D.
Medical Director
Arizona Department of Health Services
Division of Behavioral Health Services

ATTACHMENT A
INCIDENT/ACCIDENT/DEATHS
REPORT FORM

INSTRUCTIONS:

1. Complete all sections of this form. Information provided must be either typed or printed.
2. Incidents, accidents and deaths occurring in facilities licensed by the ADHS Office of Behavioral Health Licensure (OBHL) must be verbally reported to OBHL (602-364-2595) within 24 hours and reported in writing to OBHL (Fax 602-364-4801) within 5 working days.
3. Incidents accidents and deaths must be reported in writing to the T/RBHA within 48 hours.

Behavioral Health License#: _____ Classification: _____ Tracking ID#: _____

TYPE OF REPORT: Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> Medication errors/reactions |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Errors in dispensing |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Adverse reactions to meds |
| <input type="checkbox"/> Accident | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Facility incidents |
| | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> Suicide attempt | <input type="checkbox"/> Physical Plant Disasters |
| | <input type="checkbox"/> Crimes committed on the premises |
| <input type="checkbox"/> Accident/injury | |
| <input type="checkbox"/> In treatment setting | |
| <input type="checkbox"/> Outside treatment setting | |
| <input type="checkbox"/> Self Abuse | |
| <input type="checkbox"/> Human/Civil rights Violation/Allegation | |
| <input type="checkbox"/> Physical Abuse/Allegation | |
| <input type="checkbox"/> Sexual Abuse/Allegation | |
| <input type="checkbox"/> Human/Civil Rights Violation/Allegation | |
| <input type="checkbox"/> Neglect | |
| <input type="checkbox"/> Exploitation | |
| <input type="checkbox"/> Mistreatment | |
| <input type="checkbox"/> Corporal punishment | |
| <input type="checkbox"/> Unreasonable use of force/Threat of force | |
| <input type="checkbox"/> Mental/verbal abuse | |
| <input type="checkbox"/> Threat of transfer/Transfer for punishment | |
| <input type="checkbox"/> Retaliatory Acts (against a client) | |
| <input type="checkbox"/> Medication as punishment | |
| <input type="checkbox"/> Use of restraint or seclusion as punishment | |
| <input type="checkbox"/> Commercial exploitation | |
| <input type="checkbox"/> Mistreatment of a client incited or encouraged | |
| <input type="checkbox"/> Use of restraint or seclusion for the convenience of staff | |

Additional Reports Required by the T/RBHA or ASH:

Date & Time of Incident/Accident: _____

Address & Location of Incident: _____

Reporter's Name/Title: _____

Service Provider Name: _____

Name and Time Supervisor Notified: _____

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Individual involved in the incident/accident:

☐ Enrolled Person ☐ Staff ☐ Other _____

Name: _____

Address: _____ Phone: _____

Age: _____ Sex: _____

If enrolled person: Title XIX ☐ Title XXI ☐ Non Title XIX/XXI ☐
 SMI ☐ SA/GMH ☐ Child ☐

ID #: _____

Current Diagnosis: Axis I _____ Axis II _____ Axis III _____

Date of Last Visit to Psychiatrist _____ Psychiatrist Name _____

Others Involved (including witnesses):

Name: _____ Relationship to enrolled person: _____

Address: _____ Phone: _____

Name: _____ Relationship to enrolled person: _____

Address: _____ Phone: _____

Name: _____ Relationship to enrolled person: _____

Address: _____ Phone: _____

Description of incident: Describe the events leading up to and including the incident. Describe the person's physical and mental status before the incident and after the incident. Document any actions taken and/or recommendations for action.

Reporter's Name/Title _____ Date Completed _____

Reporter's Signature _____

ATTACHMENT A

Incident/Accident/Death Report Form

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In Case of Incident/Accident (Requiring Medical)

If bodily injury, describe injury: _____

Who provided immediate attention: _____

Who provided medical attention: _____

If Hospitalized, Name of Hospital: _____

Address: _____

Attending Physician: _____

Medications: _____

Results: _____

Date and Time of Examination: _____

Review of Incident: (REQUIRED - Completed by Supervisory Personnel.) Review all relevant information and documentation in the person's record. Ascertain objectively what occurred and document any actions you have taken and/or recommendations that you have made.

Date Received: _____

Findings: _____

Check One:

(1) ☐ Report made to proper authorities, as appropriate

Date of Report: _____

(2) ☐ Not applicable

If (1), then Specify authorities notified: _____

Supervisor's Name/Title _____ Date Completed: _____